

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-027321

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3927

3927

FILED AUG 13 1962

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	Length of stay in 1b 35yrs	c. CITY OR TOWN Kansas City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Haven Manor Home	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6136 Kenwood	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Daniel Middle R. Last Ryan		4. DATE OF DEATH Month : 7 - Day 28 - Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-17-1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant Protector		10b. KIND OF BUSINESS OR INDUSTRY Motor Co.	9. AGE (last birthday) 67
11. BIRTHPLACE (City and state or country) Delavan Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Daniel Ryan		13b. MOTHER'S MAIDEN NAME Elizabeth Meehan		14. NAME OF HUSBAND OR WIFE Marie B. Ryan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, Yes or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. [redacted]		17. INFORMANT Mrs. Marie B. Ryan 6136 Kenwood	

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac decompensation</i> DUE TO (b) <i>generalized arteriosclerosis</i> DUE TO (c) [redacted]		INTERVAL BETWEEN ONSET AND DEATH 3 wks. 15 yrs
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Parkinson's Disease</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 1961 to 27 July 62	COUNTY Kansas City	STATE Missouri
21. I attended the deceased from 1961 to 27 July 62 and last saw him alive on 27 July 62 Death occurred at [redacted] m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>W. W. [redacted]</i>	(Degree or title) M.D.	22b. ADDRESS 3300 47	22c. DATE SIGNED 30/8/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-31-1962	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) Kansas City Missouri

24. FUNERAL DIRECTOR Melody-McGilley-Eylar	ADDRESS Main	25. DATE RECD. BY LOCAL REG. 7-30-62	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

W. W. GIST

BY AFFIDAVIT OF

OFFICE OF THE
STATE EMBALMER

Dr. W. Gist
330 W. 47
1-50m.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 5038

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.